STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			EPARTMENT OF				7 RQ. NO. 0 9	634	
83	1. DECEASED NA (TYPE OR PRINT)	ME FIRST		sberg	BAILEY		20. DATE KI	ESTI- MONTH	8' '79	1145
PRESTON STREET	3.SEX Male	4. RACE White		1905 73	EARS IF UNDER 1 YR	HOURS	MIN PRONOUNCE DEAD		8 79	630P
24 >	70 BIRTHPLACE FOREIGN COUNTR Marylai	nd	76. CITIZEN OF WH.		MARRIED N	DIVORCE	D 😡	RECITY OR COUN		MD
2, AND 3 TO THE FIGURE SHOULD BE FILED IN RECORDS, 30 WW.	10.6 Take and	2111		TLITY, GIVE STREET ADDRESS		MIDN	120. USUAL OCCUPA FOR MOST OF WORKIN Carpente:	(G LIFE)	OR INDUST	RY
RETAIN BEHOULD BE RECORDS.	USUAL RESIDENCE 130. STATE Md.	13b. COUN	OR OTHER INSTITUTION, GIVE ITY Garrett	13c. CITY OR TOWN Oakland			13e. STREET ADDRESS Route #!	5, Box 31	6-A	
ST //0	14. FATHER'S NA/ FIRST Willia	am J	MIDDLE James	Bailey		HER'S MAIDEN FIRST Sofia	NAME MIDI	ilda	Risber	:q
WITH FORM PA WITH FORM PA PAGES 1 AND DIVISION OF VI	(YES, NO, OR UNK	WV	WAR OR DATES)	212-18-02	34 Vio	la Wood	lward, See	#13 above		
DING" IN PENCIL IN ITEM 18. EDICAL EXAMINER ALONG W EDICAL EXAMINER ALONG W ITH AND MENTAL HYGIENE, D ITH AND MENTAL HYGIENE, D IATION, OR REMOVAL.	Candit gave cause lying c	ions, if any, which rise ta immediate (a) stating the <u>under-</u> ause last.	(b)	AS A CONSEQUENCE PROPERTY OF THE PROPERTY OF	of gene	ralized			94 84 84 84 84 84 84 84 84 84 84 84 84 84	E INTERVAL I AND DEATH
ORD "PEN E CHIEF MI BE USED A VT OF HEAL RIAL, CREM	190. DATE O	OF OPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION WAS PERFO	DRMED?			20. AUTOPSY	? NO 🚻
TING THE WITHOUT THE STANDING THE STANDING TO PRIOR TO BU	UNDERLYIN CONTRIBU	NAL CAUSE WAS NG OR TING CAUSE OF Y OCCURRED NOT WHILE AT WORK	DEATH P.M.	INJURY MONTH DAY YEA 19 FINJURY (ATHOME, DRY, FARM, ETC.)		RY OCCURRED) (ENTER NATURE OF INJUR CITY OR TOWN		DUNTY	STATE
LD BE FORWA ID BE FORWA NIRECTOR: PAC WITH THE STA NRYLAND, 2120	220 I ce death rest	rtify they look chargulted from Natu	ge of the remains description of the remains described on the remains described	Accident , s	THUB	Inspection nicide	Undetermined manual MEDICAL EXAMIN 2nd. St.,	DATE JER SIGNI	4-8-79	
EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	EXAMINER (TYPE OR P) 230 BURIAL, CREM	MHAME			ADDRESS		23d. LÓCATION CITY OR TOWN	COU		TATE
BP DHMH - 17 R A15 ME (5))	24. FUNERAL DIR	burial ECTOR A. Stewar	4/11/79 ADDRESS	Oaklan	d Cemetery		Oakland, ec'd. By REGISTRAR R 1 6 1979	Garrett	Maryl	

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Action of the Control of the Control

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APR 16 1979

physician and campletely filled in by the funeral papers. Pages 1 and 2 should be filed within 72

signed by the attending physician

MPORTANT: If them 21 is marked at Item 18 shaws any injury, at ather traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

STATE OF MARYLAND DED ADTMENT OF BEALTH AND MENTAL HYCIENE

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1.	- STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEATH	REG. N	79	-09	635
	CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYPE	E OR PRINT)	Bertha		Olive	Bis	shop	April	14,	1979	5 A.M
3. SE	X	The second	RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	Femal	e	Wh	ite	Oct		87	YRS.	NTHS DAYS	HOURS MIN.
	RTHPLACE ISTATE COUNTRY)	OR FOREIGN	b CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY O	FDEATH	
	Md.			USA	WIDOWE		Garrett	Coun	ty	MD.
10. C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND O	F BUSINESS OR
-	akland		uppet	t-Weeks	Nur	sing Home	Cook			urant
USU 13a	AL RESIDENCE (IFN	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			- A
	Md.	Garr	ett	Friend	svil	es □ NO X	Rt. 1			
14 F/	ATHER'S NAME FIRST		IDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	
	Willi.		H.	Friend		Eliza			Umb	
	WAS DECEASED EV		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	Bruce	ton M	Iills,
	No			189-22-	7345	Mrs.Genevi				.Va.
	18 CAUSE OF DE	ATH (Enter and	y ane cause per	line for tal, (b), and	(c1.)	111			BETWEEN C	MATE INTERVAL DISET AND DEATH
	PARTI. DEATE	IMMEDIATI		Chen	DAL	bochemia	7		hoss.	
	4292		DUE TO, O	R AS A CONSEQUE	KEOF	0 4 /	,			
Hi ii	Conditions, if o		(b):	Robert	PAR	GROWN	ILL)		6105	
	gave rise to cause (a), sto	ating the	DUE TO, O	R AS MEONSEQUE	NCE OF	11.1. N	1 Done	1		
	underlying co	use last.	(c)	FMCM1	SCH	MOHO W	Males		419.	
z	PART 2. OTHER S	GNIFICANT 2	ONDITIONS OF	NTRIBUTING TO D	E MA BUT	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVED	IN PART 1(0)
OI	1000	105 HL	c. 100	aur 9	0/11	w		Tan In line 1		
CERTIFICATION	INCOATE OF ORK	KATION	198 YOND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYII	WERE FINDING CAUSES	OF DEATH?
RTI			431 71115 0	F IN LUISV		In House have a course	YES NO	YES		NO []
C	210. ACCIDENT WAS		216. TIME O	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 1B, PART	1 OR PART 2)	
ICA	(IF EITHER, NOTIFY ME	DICAL EXAMINER)	P.,		19					
MEDICAL	21d. INJURY OCCI	URRED	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
	AT WORK	WORK -			16		1		MA	
	22a I certify that		ol) attended the	e deceased from_	110	19		. 19		that (1) (we) last
	abave, (I) (we	osed alive on (did)(did not	view the body	after death.		nd that in (my) (our) apinion d	leath accurred on the de	ate and hour o	-	
	22b. SIGNATURE	444	Van O	hous	1	DEGREE ATTENDING.	MAEDICAL STAL	E	22c. DATES	SIGNED
		24	2411				MEDICAL STAI	IAN	1411	4.19.
	22d. PHYSICIAN	COME OFFICE	PRINT)			22e. ADDRESS				
	В		nt, M				Md.			
23a E	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			

Rose

BP. DHMH - 16 60M 7/73 (VRA 15(4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital ar attending physicia

> EMINERAL DIRECTOR Grantsville, euman

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Bem Friendsville Garrett Md.

258. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE

APR 2 0 1979

23d LOCATION CITY OF TOWN

COUNTY

STATE

Resting Cise Sinter Att 187. 17.3 in Section of the Country Section Country Se

.br. .br. .dr. .d. .d. .d. .d. .d. .d. .d. .d.

Burtal W-17-77 Blooming Rose Com. Friendswille, here it, Mi.

BP.

DHMH - 17 (VR A15 ME (5))

15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN OF EST1-DEATH MATED Olive BROADWATER 19 S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 7°9 IF UNDER 24 HRS. PRONOUNCED LAST BIRTHDAY Feb. 6, 1884 95 DEAD 19 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Garrett USA WIDOWED X DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY MANA OF HOSPITAL PURSING HOME OR OTHER BYTTEEN Housewife Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Route #4, Box 218 Garrett Deer Park NO K 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Hardesty Julia Tasker Ann 16g, WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 216-18-1603 Robert L. Broadwater, See #13 above MEMBE INTERVAL 18. CAUSE OF DEATH (Enter only one couse proportion our tery disease PART I DEATH WAS CAUSED BY

	Conditions if ony, which	DUE TANCE AS A CONSEQUENCE OF	is, generalized	0
	cause (a) stating the <u>under</u> <u>lying cause last.</u>	DUE TO, OR AS A CONSEQUENCE OF		
ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL OISEASE OR CONOITION GIVEN IN PART 1 (a).	
ERTIFICATI	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	20. AUTOPSY?
ALC	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	(2)
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET CITY OR TOWN COU	NTY STAT
	220. I certify that took charge of the death resulted from: Notural courses Name 1 and 1 a	J- /-	Autopsy , Inspection , Inquiry , ond in my opi ide , Homicide , Undetermined manner , DEPCTYFY) M.D	4-5-1979

230. BURIAL, CREMATION, REMOVAL 23b. DATE 4/6/79 burial

23c. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery

23d. LOCATION

24. FUNERAL DIRECTOR Bradley A. Stewart

(TYPE OR PRINT)

FOR - STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR 1. DECEASED NAME

Female

FOREIGN COUNTRY

Maryland

14. FATHER'S NAME

Henry

To BIRTHPLACE (STATE OR

Oakland

Md.

Emma

13b. COUNTY

4. RACE

White

Oakland, Maryland

21550

25a. DATE

Deer Park, Garrett, Maryland 35360-81 Library .com . I Success (1997) Second Cician Campain Constitution (Constitution)

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STATE OF MARYLAND

16000-01 11-1-11 inester Jana Uta is 501 usono Jacai HARRY CLER WELTE COLLIE CORN. Marin 237-72-0078 - Das. writer & Line's . Me iti, alla, han the miles decements on Mai and Will at 1 at 1 at 1 at 1 Matthat Cook was a sour and a sour man days. --of the manufacture of the second of the seco 1-22-79 Jenna Uta Greteno Jenna Ute, Exister, I.V. in chilan we

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

4 may be

executed within 24 hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician.

TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-119638

Vland A	ITO A. RACE W 76 CITIZEN OF U 11. NAME OF (IF NOT IN SU GATTET COUNTY 11 egany MIDDLE	GIVE RESIDENCE BEFORE 130 CITY OR TOV	5. DATE OF MONTH OF STATE OF S	Paolo F BIRTH 30 NEVER A R OTHER INST	VORCED	6. AGE (IN YEARS LAST 59 9. BALTIMORE CIT Garre 120. USUAL OCCUP (TYPE OF WORK FOR MC Shop Work	OLI PRIHDAY) YRS Y OR COUN OUT ATION IST OF WORKING	nty Oal 12b. KIND LIFE) INDUSTR	cland MIN OF BUSINESS OR
Frances emale LACE STATE OR FOREIGH THE TOWN OF DEATH LAND Md. SIDENCE (IF NURSING M VI and A SIDENCE (IF NURSING M FIRST DECEASED EVER IN U DOR UNKNOWN) (IF Y	76 CITIZEN OF 11. NAME OF (IF NOT IN SU GARRET DATE OR OTHER INSTITUTION COUNTY 11 CANY MIDDLE	WHAT COUNTRY! S. A. HOSPITAL, NURSI CHFACHITY, GIVE STREE COUNTY GIVE RESIDENCE BEFORE Barton	5. DATE OF MONTH OF STATE OF S	30 NEVER A	19 MARRIED VORCED TITUTION	9. BALTIMORE CIT Garre 120 USUAL OCCUP (TYPE OF WORK FOR MC	YRS YOR COUN OUT COUNTING	IF UNDER I YEA MONTHS DAY TY OF DEATH TY OF DEATH 12b. KIND INDUSTR	R IF UNDER 24 HRS HOURS MIN Cland M OF BUSINESS OF
LACE JISTATE OR FOREIGH Y) timore, Md. R TOWN OF DEATH Land, Md. SIDENCE (IF NURSING) 136 Vland A SIDENCE (IF NURSING) 136 Vland A DECEASED EVER IN U DORUNKNOWN) (IF Y	76 CITIZEN OF 11. NAME OF (IF NOT INSU) CAPTEL DAME OR OTHER INSTITUTION COUNTY 11 CANY MIDDLE	S A HOSPITAL, NURSI CHEACHITY, GIVE STREE COUNTY GIVE RESIDENCE BEFOR 130 CITY OR TOV Barton	MARRIED WIDOWEL NG HOME OF T ADDRESS) MEMORIA RE ADMISSION) NN	NEVER AD DIR ROTHER INST	19 MARRIED VORCED TITUTION	9. BALTIMORE CIT Garre 120 USUAL OCCUP (TYPE OF WORK FOR MC	Y OR COUN OT COUN ATION STOFWORKING	TY OF DEATH 12b. KIND 12b. KIND 11clife) 11clife)	cland M
LACE JISTATE OR FOREIGH Y) timore, Md. R TOWN OF DEATH Land, Md. SIDENCE (IF NURSING) 136 Vland A SIDENCE (IF NURSING) 136 Vland A DECEASED EVER IN U DORUNKNOWN) (IF Y	III. NAME OF (IF NOT IN SU GARRET) OME OR OTHER INSTITUTION COUNTY Ilegany MIDDLE	S A HOSPITAL, NURSI CHEACHITY, GIVE STREE COUNTY GIVE RESIDENCE BEFOR 130 CITY OR TOV Barton	MARRIED WIDOWEL NG HOME OF TADDRESS) Memori READMISSION)	NEVER A	19 MARRIED VORCED TITUTION	9. BALTIMORE CIT Garre 120 USUAL OCCUP (TYPE OF WORK FOR MC	Y OR COUN ATION OST OF WORKING	TY OF DEATH Inty Oal 12b. KIND LIFE) JINDUSTR	cland, M
timore, Md. R TOWN OF DEATH Land, Md. SIDENCE (IF NURSING, M. 1966 Vland A S NAME FIRST DECEASED EVER IN U DORUNKNOWN) (IF Y	III. NAME OF (IF NOT IN SU GARRET) OME OR OTHER INSTITUTION COUNTY Ilegany MIDDLE	S A HOSPITAL, NURSI CHEACHITY, GIVE STREE COUNTY GIVE RESIDENCE BEFOR 130 CITY OR TOV Barton	MARRIED WIDOWEI NG HOME OF T ADDRESS) Memori RE AGMISSION) NN	ROTHER INST	VORCED	Garre 12a USUAL OCCUP (TYPE OF WORK FOR MO	ATION STOF WORKING	inty Oal	OF BUSINESS O
R TOWN OF DEATH Land Md SIDENCE (IF NURSING M Vland A S NAME FIRST DECEASED EVER IN U DORUNKNOWN) (IF Y	11. NAME OF (IF NOT IN SU GARRET IN SU GARRET IN SUITO IN	HOSPITAL, NURSI CHFACILITY, GIVE STREE County GIVE RESIDENCE BEFO 13c CITY OR TOV Barton	WIDOWED NG HOME OF T ADDRESS) Memori RE AGMISSION) NN	ROTHER INST	VORCED	12a USUAL OCCUP	ATION IST OF WORKING	12b. KIND INDUSTR	OF BUSINESS O
SIDENCE (IF NURSING) Vland S NAME FIRST DECEASED EVER IN U DORUNKNOWN) (IF Y	Garret ME OR OTHER INSTITUTION COUNTY Ilegany MIDDLE	CHEACILITY, GIVE STREE County GIVE RESIDENCE BEFOR 134 CITY OR TOV Barton	Memori RE ADMISSION)	al Hos		(TYPE OF WORK FOR MC	ST OF WORKING	LIFE) INDUSTR	Y
SIDENCE (IF NURSING) 136 V and A S NAME FIRST DECEASED EVER IN U DORUNKNOWN) (IF Y	ME OR OTHER INSTITUTION COUNTY 11 egany MIDDLE	GIVE RESIDENCE BEFORE 130 CITY OR TOV	RE ADMISSION)		pital	Shop Wor	lean		
Vland A S NAME FIRST DECEASED EVER IN U D OR UNKNOWN) (IF Y	llegany	Barton	NN	13d. INSIDE C		2110001	ver.	Bend	x Corp.
FIRST DECEASED EVER IN U	? MIDDLE				ITY LIMITS?	13e. STREET ADDRE	SS		
PECEASED EVER IN U	? MIDDLE			YES 🗌	NO 🗹	Route 1.	Box 1	63	
OR UNKNOWN) (IF Y		LAST			S MAIDEN NAM	AE MIDDI	E		AST
	S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	INT	AD	DRESS		
		215 24 3	540	Dino D	iPaolo.	as above			
AUSE OF DEATH	ter only one cause pe	r line far (0), (b), 0	nd (c)	,	- 90			BETWEE	DXIMATE INTERVAL N ONSET AND GEATH
PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (¤)	Res	pera	6527	an	Lex		rie	nutts
749 nditions, if any, whi		OR AS A CONSEQU	ENCE OF	20c	ural	Effusio	~	w	eks
ve rise to immedia use (a), stating to derlying cause la T 2. OTHER SIGNIFIC	DUE TO, C	ORAS A CONSEQUENCE ON TRIBUTING TO	Duck	TAP CA	Chape TO THE TERM	INAL DISEASE OR C	ONDITION C	GIVEN IN PART	lia:
DATE OF OPERATION	196 COND	DITION FOR WHICH	H OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?	IN CER	TIFYING CAUS	
CONTRIBUTING CAUSE	OF GEATH HOUR A	.M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 1	B, PART 1 OR PART 2	
INJURY OCCURRED			, FARM, ETC.)	21f LOCATION STREET	NO	Сіту ОІ	TOWN	COUNTY	STATE
saw the deceased al	ve an 4-Z	1-79 19			, 19 79 (aur) opinian	, to death occurred on the	e date and h	. 19 79 aur and fram th	, that (I) (we) to ne causes stated
SIGNATURE	1 Q A	1	100	D A				22c. DA	TE SIGNED - 7 2-79
		J.							- 1
			NAME OF C	METERY OR	CREMATORY		enasy	LLIE, M	la
L, CREMATION, REM						CITY OR TOWN		COUNTY	STATE
Υ)	4/201	19 WE	stview	Mem.		Baltimo	re	STRAP'S SIGN	ATAON .
D. A COCCERT IN STATE OF STATE	ACCIDENT WAS UNDERLYIND ONTRIBUTING CAUSE THER, NOTHY MEDICAL EXA NJURY OCCURRED E NOT WHILE AT WORK AT WORK Certify that (1) (4his- any the deceased all above, (1) from Helich (c) SIGNATURE PHYSICIAN'S NAME (Dr. Geor	ACCIDENT WAS UNDERLYING 21b. TIME (DONTRIBUTING CAUSE OF GEATH HOUR A HITER, NOTIFY MEDICAL EXAMINER) NJURY OCCURRED LE NOT WHITE (AT HOME, SI AT WORK Certify that (I) (this hospital) attended to aw the deceased alive an	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ONTRIBUTING CAUSE OF GEATH HOUR A.M. MONTH P.M. NJURY OCCURRED SIRK NOT WHILE AT WORK Certify that (1) (thus hospital) attended the deceased fram aw the deceased alive an - 21-79 19- 2000 (1) type Holich (did not) view the body after death Dr. George Stoltzfus CREMATION, REMOVAL 23b. DATE 23c. RELION 19- 21c. 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE 19- 21c. 21c. 21c. 21d.	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR P.M. 19 NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Certify that (1) (this hospital) attended the deceased from month of the deceased alive an obove, (1) 479 Hadid (did not) view the body after death. Dr. George Stoltzfus CREMATION, REMOVAL 23b. DATE 23t. NAME OF CO. 24/25/79 Westview	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 HOUR A.M. MONTH DAY YEAR 19 HOUR A.M. MONTH DAY YEAR 19 NJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATIC STREET AT WORK 10 months and the deceased from 4 - 2 1 - 79 19, and that in (my) obove, (1) type Holid (did not) view the body after death. DEGREE 122 ADDRES 123e. NAME (TYPE OR PRINT) 122e ADDRES 123e. NAME OF CEMETERY OR 125/79 Westview Mem.	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR 19 NJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET Certify that (1) (this hospital) attended the deceased from	ATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? YES NO ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 P.M. 19 NJURY OCCURRED 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OF ATT WORK 19 AT WORK 19 AT WORK 19 AND WHILE 19 AND WE THANK IN AMERICAN PHYSICIAN 19 AND DEGREE ATTENDING PHYSICIAN 19 DIRECTOR 19 AND PHYSICIAN 19 DIRECTOR 19 AND PHYSICIAN 19 AND DIRECTOR 19 A	ATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 17b IF IN CER	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR 19 P.M. 19 NJURY OCCURRED 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY aw the deceased alive an

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

John J. Hafer, Jr. La Vale, Md.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-0963	639	9	0		9	7
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1979

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	1 3 0	000		
1. DECEASED NAME FIRST	WIDDLE	L/	AST		MONTH DAY	YEAR	2b. HOU	R
(TYPE OR PRINT)	tty Ellen DRYDEN			April 26,	1979		152	OPM
3 SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER	24 HRS MIN.
Female	White	момтн	22 2 1	57	YRS.	HS DATS	HOOKS	Mile.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md •	76 CITIZEN OF WHAT COUNTRY USA	? 8. MARRIEI WIDOWE	DIVORCED	9 BALTIMORE CITY G		DEATH		MD
Oakland	11. NAME OF HOSPITAL, NURSI	ING HOME O	PROTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi	ON DE WORKING LIFE]	26. KIND O NDUSTRY OW D	bosini	
USUAL RESIDENCE (# NURSING HOME) 130 STATE Md. 13b. CO	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO LAKE	PK.	13d INSIDE CITY LIMITS?	301 Roat	loke Av	Θ.,	П	
14 FATHER'S NAME FIRST Unkn	own LAST		15. MOTHER'S MAIDEN NA Martha	WIDDLE		rove		
16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 215-20-			323 ADDR	Adam	s Av	-	
Canditians, if ony, which gove rise to immediate cause (a1, stating the underlying cause last	DUE TO, O DUE TO, OR AS A CONSEQU	UENCE OF	benst Car	neer.		m	on	To
	IT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1(o))	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES		TH?
00 00 170 170 170 100 000	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)		
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN C	COUNTY	51	ATE
	ispital) attended the deceased from			, to	. 19_		that (I) (
	not) view the body after death.		d that in (my) (aur) opinion	death occurred an the d	ote and hour and			ated
22 SIGNATURE DE	She	n		MEDICAL STA	FF CIAN []	220. DATE:	SIGNED	19
220 PHYSICIAN'S NAME (TYPE	redde		Oakland,	Maryland	21550			
230. BURIAL, CREMATION, REMOV (SPECIFY) Burial	1 1-01		emetery or crematory nd Cometery	23d LOCATION CITY OR TOWN Oaklar	nd, Gar		Md st.	ATE
24. FUNERAL DIRECTOR	w O Deline	1	1120	E REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATI	Cread	ly

Oakland.

Md.

Durst

John

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral alsould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 the with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, ar other traumatic event, the medical examiner

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

must be natified at once

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	dd are go	× 1		
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		of arms energy each	-05-05	C
		A CONTRACTOR OF THE PARTY OF TH		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function should be detached for use as the busial-transit permit. Then please remove carbanpapers. Pages I and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, an ather traumatic event, the medical examiner must be notified at enc. TENDING PHYSICIAN: The law retained by the haspital or attending physician.

TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09640

3	REGISTRAR		CEKIII	ICAIE OF DEATH	REG. NO.	
	1 DECEASED NAME (TYPE OR PRINT)	FIRST /	MIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
١		MARY IC	UISE FO	ORD	April	10 1979 9 A.M
1	3 SEX	4. RACE	5 DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	Mare		94 YR	MONTHS DAYS HOURS MIN.
J	To. BIRTHPLACE STATE OR FOR		WHAT COUNTRY? 18		9. BALTIMORE CITY OR COUN	
7	Pennsylvania	11 4	MARRIE	D NEVER MARRIED DIVORCED		Garrett MD.
i	10 CITY OR TOWN OF DEAT		HOSPITAL, NURSING HOME C		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
7	Oakland	Cuppett	HEACHTY, GIVE STREET ADDRESS) Weeks Nursin	g Home	Retired Emplo	
ī	USUAL RESIDENCE HE NURSIN	GHOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)			169 Die HOLVE
2	Maryland	& COUNTY	Cumberland	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 517 IOWELL AVE	2010
	14. FATHER'S NAME	WITT GK WILLY	CumberTand	15. MOTHER'S MAIDEN NA		itte
	George	MIDDLE	Felton	FIRST Harrie	MIDDLE	LAST
	160. WAS DECEASED EVER IN	NUS ARMED FORCES?	16b SOCIAL SECURITY NO.	17. INFORMANT		Hoppert
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)				D#5 Box 68
	No		214-10-5318D	Mrs. Ada Ma:	Hett Ua	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
١	PART I. DEATH WA	(Enter anly ane cause per S CAUSED BY:	1/- +	120 F	1.11.1	BETWEEN ONSET AND DEATH
ı	111116	MMEDIATE CAUSE (a)	Ven Cricu	clar In	rucianion	Mimules
1	7/47		R AS A CONSEQUENCE OF	Win War	+ Disass	- 11/
	Canditians, if any,		Mine	The Man	or many	Manhowy
	cause (a), stating underlying cause	the DUETO, OF	RASA CONSEQUENCE OF	. 1 +	- A 1-1/	10. 11
١		(c)	min	espeleroles	(arono passu	on threese
1		FICANT CONDITIONS CC	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART I(a)
6	190 DATE OF OPERATION AS UNDE	ON 19h CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20g. AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
č	JE IN DATE OF OFFICE	175 COMB	THO TO TON WITHOUT OF ENAMED	TO THE OWNER	INCER	RTIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDER	RLYING 7 216. TIME O	F IN IURY	121r HOW IN JURY OCCUR	YES NO M	YES NO
	00.000,000,000,000,000	USE OF DEATH HOUR A.	M. MONTH DAY YEAR		TENTENTATORE OF PROUNT IN THEM	10,7701700770129
1	I IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE			211 LOCATION		
1		LAT HOME STE	REET, FACTORY, OFFICE, FARM, ETC.	STREET	CITY OR TOWN	COUNTY STATE
			A.	73 79	Hanil 1	19. 70
	saw the deceased	his bospital) attended the		nd that in (my) (ever) apinion	death accurred on the date and I	have and from the causes stated
	abaye, (I) (we) (dia	d) (did not) view the bady	after déath.	DEGREE,	accorded on the date and t	22c DATE SIGNED
1	1/	47/0	1. //-	had ATTENDING	_ MEDICAL _ STAFF _	In A 29
	220 PHYSICIAN'S NAM	15	neon,	PHYSICIAN (DIRECTOR PHYSICIAN	10777
		7 11 /	Seltad	OnVI.	1. 10 Mag.	14 0 21550
-	HERbE		eight on	LUANLI	TOU, MARY	THUND X1220
	230 BURIAL, CREMATION, RI (SPECIFY)		and the same	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Burial	April	13/79 Hiller	Burial Par	rk Cumberland A	llegany Maryland
	24. FUNERAL DIRECTOR		ADDRESS 404 Dec		E REC'D. BY REGISTRAR 256, REG	Gry / Creedy
	Sileor-Merri	tt Funeral S	ervice, Cumber	land, Md APR	1619/9	

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Cartano Mary Land

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbomopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner must be made in the medical examiner must be more must be more must be more must be more

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haim aff

retained by the hospital or attending physician.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09641	7 9	-	0	9	6	4	1
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	1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	0			
		CEASED NAME	FIRST		MIDDLE	· ·	AST	20. DATE OF	DEATH MONTH	DAY	YEAR	2b HOUR	
	(TYPE	OR PRINT)	Jessi	e Ur	sula	GLO	TFELTY		April	21,	1979	4:25	AM
ı	3. 5E3	X		4 RACE		5. DATE C		& AGE (IN YEA	RS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24	MIN.
	F	emale		Whi	te	Jur	00 1000	78	Y	RS.	HS DATS	HOURS	Mark
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMOR	E CITY OR COU	NTY OF	DEATH		
S		aryl and		U.		WIDOWE			ett Coun				MD.
Z	10.CI	TY OF TOWN OF DE	ATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET.		OR OTHER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORKIN		2b. KIND O NDUSTRY	F BUSINES	S OR
2		akland					ial Hospital	House	ewife			Home	
9	13a S	AL RESIDENCE (IF NUR STATE	13b COUN		13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e. STREET A	DDRESS		_		
3		aryland THER'S NAME	Gar	rett	Oakland		YES X NO		North Th	ird	St.		
2	114. FA	FIRST	-	AIDDLE	LAST		FIRST	AME	WIDDLE		LAS		
U	14- 14	John VAS DECEASED EVER		HED FORCESS	Glotfelt	-	Amelia		ADDRESS		Sut	er	
1		YES, NO OR UNKNOWN)		WAR OR DATES)	7777			7 - 1 - 5 - 7 1 -			7	04544	
1		No			212-38-6		Gerald H. G	Totieit	7, McHen	ry,		21541	
		18 CAUSE OF DEAT PART I. DEATH V	TH (Enter an VAS CAUSE	ly ane cause per DBY:	line far (a), (b), and	TIA					BETWEEN	MATE INTERV	ATH
	Pe	1451-	IMMEDIAT	E CAUSE (a)			1	100			12	000	>
		Canditions, if any	which	,	R AS A CONSEQUE	NCE OF	no verta	in	16		11	101	
		gave rise to im-	mediote	(b)	2 45 4 500155015	NCEOF			0		-	1	
		underlying cause		DUE TO, OI	r as a conseque	NCE OF							
		PART 2. OTHER SIG	NIFICANT	ONDITIONS CO	ONTRIBUTING TO S	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION	GIVEN I	N PART 16	1	
	CERTIFICATION												
7	ICA.	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTO			G CAUSES		?
6	RTIF						In nous burning		NO	YES [NO 🗌	
7		210. ACCIDENT WAS UN	_	110110	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATI	JRE OF INJURY IN ITEM	A 18, PART 1	OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDIC		'P.,		19	211 LOCATION						
	MED	21d. INJURY OCCUR	HITE	21e. PLACE (AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	. 0	COUNTY	MTAT	E
		AT WORK		D 1 1 1 1 1 1 1	1 15	4	200 00 10	50 · 6	1121	100	14	- 12	11 4
Н	90	22s.1 certify that all	ed glive on	all	LD 19	19	nd that in (my) (aut) opinion	n deoth occurred	on the date and	hourone	from the	causes state	ed
ì		22b. SIGNATURE	die (dig no	view the body	after death.		DEGREE				22c. DATE		_
			10	du	m		ATTENDING	MEDICAL	STAFF		11	150)4
		22d. PHYSICIAN'S N	AME (TYPE O	R FRINT)		1	22e ADDRESS	DIRECTOR] THI SICIAN [, ,	110	->1.	1
		Dr. The	omas .	Johnson			Oakland, N	MD 2155	0				,
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCAT		COU	NTY	STATI	
	L'		ial	4/23	/79 F1	atwoo	d Cemetery	Accid	lent, G	apret	tt, pl	Maryl	and
	24. FL	JNERAL DIRECTOR		-57	ADDRESS	1-1	250. DA	APR'S K	25b. RE	7500	tasigni P	SKELLOSS	1
	В	radley A.	Stewa	rt Oal	kland, Ma	rylan	d 21550	71.4		1	<i>'</i>	36	

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09642	7	9	_	0	9	6	4	2
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	1	REGISTRAR					FICATE OF DEATH	REG. N	0.		
		CEASED NAME Car	rie	Gra	CE	Harvey	Y Y	20. DATE OF DEATH	MONTH DAY	1979	12 HOU
	3 SEX	X	4.1	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNOFR I YEAR	IF UNDER
		Female		Whi	ite		L 9, 1885	94	YRS	NTHS DATS	HOURS
		IRTHPLACE (STATE OF FO	PREIGN 76	CITIZEN OF V	WHAT COUNTRY	12 8	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
35		aryland		USA		WIDOWE		Garrett			
	10. C	ITY OR TOWN OF DEA	тн 11.		OSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPATI		12b. KIND C	OF BUSINE
05	. (Oakland					cial Hospital	Housewife			Iome
0		AL RESIDENCE (IF NURS	ING HOME OR OTH		GIVE RESIDENCE BEFO		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
35		Md.	Garret		Deer Pa		YES NOXX	Rt. #3,	Box 17		
	14. FA	ATHER'S NAME	MIDE	DIE	LAST		15 MOTHER'S MAIDEN NA			LAS	. 7
10		James			Harve	y	Elizabet		Mur		31
1		WAS DECEASED EVER	IN U.S. ARMEI		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS	Title	
		No	(16 123, 0112 111	ik On DALES,	212-14-	7798	Rosalee Wrig	htsman, See	#13 al	oove	
		PART I. DEATH W	AS CAUSED B	BY:	Mes	tail	tates Car	ecinoma		1 m	ONSET AND
		Conditions, if ony, gove rise to imm	nediote	(b)	Can	ano	na of Mr	e Inter	line	nn	kuo
	NO	gove rise to imm cause (a), statini underlying couse	nediote ig the last	(c)	AS A CONSEOU		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	kuo 01
2	IFICATION	gove rise to imm cause (a), statini underlying couse	nediote ig the last	(c) NDITIONS <u>CO</u>	INTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	20a. AUTOPSY?	20b. IF YES, V	WERE FINDI	NGS USER
29	CAL CERTIFICATION	gove rise to imm cause (a), statin- underlying couse PART 2 OTHER SIGN	nediote g the last VIFICANT CON TION DERLYING CAUSE OF DEATH	196. CONDIT	EINJURY M. MONTH [O DEATH BUT		20a. AUTOPSÝ? YES NO	20b. IF YES, V IN CERTIFYII YES [WERE FINDI	NGS USEI
29	CAL	gove rise to immercause (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	nediote g the last NIFICANT CON TION DERLYING CAUSE OF DEATH AL EXAMINER)	19b. CONDITIONS CO	TION FOR WHICH	D DEATH BUT TH OPERATIO DAY YEAR 19	N WAS PERFORMED	20a. AUTOPSÝ? YES NO	20b. IF YES, V IN CERTIFY!! YES [RY IN ITEM 18, PART	WERE FINDI	NGS USER
29		gove rise to imme cause (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA)	DERLYING	19b. CONDITIONS CO	ENJURY M. MONTH [D DEATH BUT TH OPERATIO DAY YEAR 19	216. HOW INJURY OCCUR	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, V IN CERTIFY!! YES [RY IN ITEM 18, PART	WERE FIND II NG CAUSES OR PART 21	NGS USER
29	CAL	gove rise to inite cause (a), stating underlying couse PART 2 OTHER SIGN 198 DATE OF OPERAT 21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC) 21d INJURY OCCURR WHILE NOT WHILE NOT WHILE NOTIFY MEDICA	nediate g the last NIFICANT CON TION DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital) ed glive an	19b. CONDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. 21e. PLACE C (AT HOME, STRE	TION FOR WHICH	D DEATH BUT TH OPERATIO DAY YEAR 19 E, FARM, ETC.)	216. HOW INJURY OCCUR	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, VIN CERTIFY IN YES TO THE TENT OF THE TEN	VERE FINDING CAUSES 1 OR PART 21 COUNTY	NGS USEG S OF DEAT NO
29	CAL	gove rise to immediate (a). Stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK AT WO 22a.1 certify that (1) saw the declared above, (1) when (d) 22b. SIGNATURE	TION DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital) ded alive an alid) (did not) vi	19b. CONDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. 21e. PLACE C (AT HOME, STREET) attended the	TION FOR WHICH	D DEATH BUT TH OPERATIO DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY OCCUR 21f. LOCATION STREET 21f. (my) (cor) opinion DEGREE	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, VIN CERTIFYIN YES I	VERE FINDING CAUSES 1 OR PART 21 COUNTY	NGS USE(S OF DEAT NO [
29	CAL	gove rise to immediate to immediate (a). Stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDOR CONTRIBUTING CONTRIBUTING COURT OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUT	DERLYING CAUSE OF DEATH AL EXAMINER) RED Could be diverged by the country of th	19b. CONDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. 21c. PLACE C (AT HOME, STRE	TION FOR WHICE FINJURY M. MONTH DFINJURY EET, FACTORY, OFFICE Deceased fram, 19 19 19 19	D DEATH BUT TH OPERATIO DAY YEAR 19 E, FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 2, 19 Ind that in (my) (agr) opinion DECREE ATTENDING PHYSICIAN 270. ADDRESS	200. AUTOPSY? YES NO MEDICAL STALE MEDICAL STALE DIRECTOR PHYSIC	20b. IF YES, VIN CERTIFYII YES [RY IN ITEM 18, PART VIN 28 19 ofe and haur a	COUNTY 79 nd fram the	NGS USEES OF DEAT NO [
29	CAL	gove rise to immediate (a). Stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK AT WO 22a.1 certify that (1) saw the declared above, (1) when (d) 22b. SIGNATURE	DERLYING CAUSE OF DEATH AL EXAMINER) RED Could be diverged by the country of th	19b. CONDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. 21c. PLACE C (AT HOME, STRE	TION FOR WHICE FINJURY M. MONTH DFINJURY EET, FACTORY, OFFICE Deceased fram, 19 19 19 19	D DEATH BUT TH OPERATIO DAY YEAR 19 E, FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 2, 19 Ind that in (my) (agr) opinion DECREE ATTENDING PHYSICIAN 270. ADDRESS	200. AUTOPSY? YES NO MED (ENTER NATURE OF INJUINATION OF TOWN) A MEDICAL STALE OF MEDICAL	20b. IF YES, VIN CERTIFYII YES [RY IN ITEM 18, PART VIN 28 19 ofe and haur a	COUNTY 79 nd fram the	NGS USEIS OF DEAT NO [
29	WEDICAL MEDICAL	gove rise to immediate to immediate (a). Stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDOR CONTRIBUTING CONTRIBUTING COURT OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUT	DERLYING	19b. CONDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. 21c. PLACE C (AT HOME, STRE	TION FOR WHICH	DAY YEAR 19 E. FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 2, 19 Ind that in (my) (agr) opinion DECREE ATTENDING PHYSICIAN 270. ADDRESS	200. AUTOPSY? YES NO MEDICAL STALE MEDICAL STALE DIRECTOR PHYSIC	20b. IF YES, VIN CERTIFYII YES [RY IN ITEM 18, PART VIN 2819 ote and haur a	COUNTY 79 nd fram the	NGS USEES OF DEAT NO [

21550

Oakland, Maryland

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Bradley A. Stewart

79-098:2

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requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician.

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rector, page 3 urs after death

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-19643

1		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.	1 3	00	
1		EASED NAME	FIRST		MIDOLE	Ĺ	AST		2a. DATÉ OF D	EATH MON	NTH DAY	YEAR	2b. HOUR
ı	(TYPE	OR PRINT)	eorge	Wil	liam	HARVI	EY			OL	30	79	7:20a M
1	3. SEX			4 RACE		5 DATE C			6. AGE (IN YEAR	S LAST BIRTHDA		UNDER I YEAR	
	1	Male		Car	AC asion	NONTE	13	88	90		YRS.	NTHS DAYS	HOURS MIN.
		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8. MARRIEI	D NEVER M	ARRIED	9. BALTIMORE	CITY OR C	COUNTYO	FDEATH	
		Marylan			SA	WIDOWE	DIV DIV	ORCED		arrett	_		MD.
2	10 CI1	TY OR TOWN OF	DEATH		HOSPITAL, NUR		R OTHER INSTI	TUTION	12a. USUAL OC (TYPE OF WORK FO			12b. KIND (INDUSTRY	OF BUSINESS OR
5		Oaklan			County		al Hosp	ital	Farme	r		Farm	ing
	USUA Ma. S	L RESIDENCE IF	NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEI		13d INSIDE CI	TY LIMITS?	13e STREET AD	DRESS			
5		Mđ.	Garr	ett	Mt. Lal	ke Park	YES 🔀	NO 🗆	604 I	Stree	et		
Ī	14. FA	THER'S NAME FIRST		MIDOLE	LAST		15 MOTHER'S	MAIDEN NA		MIDDLE		LA	AST
0		James	I	ewis	Harve	У	S	arah	Cat	herine	9	Ste	/er
	16a W	AS DECEASED E	VER IN U.S. AF	MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMAN	VT .		ADDRESS			
		No	, , , , , , ,		213-16	-5486	Dale C	. Harv	ey, Rt.	#2, 0	Daklar	nd, Mo	21550
1		18 CAUSE OF D	EATH Enter or	nly one couse per	line for (a), (b),	gryd (CL)			0		-	BETWEEN	XIMATE INTERVAL
		PART I. DE AT	H WAS CAUSE	D BY:	R Mide	11	re ass	with	n Mel	mon	in		
		4500	9		R AS A CONSEC	THENCE OF	/	-		-,	1		LUNGS
		Conditions, if	ony, which	(b)	ainti	(2)	Cenebr	vare	un ac	cester	1		
		gove rise to	immediate	DUE TO O	R AS A CONSEC	DUENCE OF							12/15/19
		underlying co		(6)	AS	CUP							
		PART 2. OTHER S	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDIT	ION GIVEN	IN PART 1	lot
	ON	5,	mil	e. 1	enun	tin							
	AT	19a DATE OF OP	ERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFOR	RMED	20a AUTOP	SY? 2	Ob. IF YES, \	WERE FIND	INGS USED S OF DEATH?
	CERTIFICATION	mo	re		/	V/A			YES 🗍	NO X	YES	CAUSE	NO [
ī	CER	21a. ACCIDENT WAS		- 110110 4		OW VEAD	21c. HOW IN.	URY OCCUR	RED (ENTERNATU	RE OF INJURY IN	ITEM TB, PART	1 OR PART 2)	
	AL	OR CONTRIBUTING		AIN	.M. MONTH .M.	DAY YEAR	44.0	NI	A				
	MEDICAL	21d INJURY OCC		1/ 21e. PLACE	OF INJURY REET, FACTORY, OFFI		211. LOCATIO	N /		ITY OR TOWN		COUNTY	STATE
	×	AT WORK	CIT MANUEL CO.	(AI HOME, SI	REET, FACTORY, OFFI	CE, FARM, ETC.)	J. C.				,		STATE
		27s I certify the	(I) (this hosp	tali attended th	e deseased from	- 4/	25	. 19 70	1 10 4	130	0/2, 19	79	, that (1) (we) lost
	i E	sow the day	Daged alive at	at) wew the body		74.	nd that in (my) (our) opinion	death occurred	on the date	and hour o	nd from the	e couses stoted
		226 SIGNATER		The same of the sa	- /	L	DEGREE		3		-	22c. DATI	E SIGNED
		D161	ruran	~ 11	nother	low	Mr () A	TTENDING HYSICIAN	MEDICAL	STAFF	ΝП	41	50/79
		THE PHYSICIAN	SNAME	(Pylot)			22e ADDRESS					1	1
		Dra	Gregom	Pinker	ton		Ann	orn	West	UN	con	un	
	23a. B	URIAL, CREMATIO				3c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCAT	ON	1		
	(5	bur:	ial	5/2/	79	Moon	Cemeter	v	Oak1		Garre	ett.	Marvland
	24 FU	INERAL DIRECTO		, ,		200		25a. 1		ISTRAR 256			JAKE
		NAME			ADDRESS			BH.	416	113	1	7	

21550

Oakland, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

Bradley A. Stewart

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the State Deptr. at treatments with the State of the State of Indiana, or other traumatic event, the medical examination of the State of Indiana, India

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A. PUJOF, LINGTUC.

	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs attended by the haspital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTILAND 21201	N.C
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Is retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funding should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 mount the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

BP. DHMH-16 50M 7/77 (VR A 15 (4)) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09644

l. DE							REG. N	O.		
(TYPE	CEASED NAME E OR PRINT)	_{First} enjamin		klin	KNEP	P, Sr.	20. DATE OF DEATH April	28,	1979	25. HOUR 0850
3 SE	х	4	RACE		S. DATE OF		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	Male		Whit	e	Feb.		84	YRS	MONTHS DATS	HOURS M
	IRTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY		Y OF DEATH	
	Maryland		US	A	WIDOWED		Garret	t.		
10 C	ITY OR TOWN OF DE	ATH 11			IG HOME OF	OTHER INSTITUTION	120. USUAL OCCUPAT	ION		F BUSINESS
	Oakland			CO. Memo		Hospital	Farmer	JF WORKING L		mina
	AL RESIDENCE (IF NUR		THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)					
130.	Md.	Garre		13c. CITY OR TOW		YES NO K	Rt. #2,	Box 1	76	
14. FA	ATHER'S NAME					S. MOTHER'S MAIDEN NA	ME			
	William	Henr	DDLE K	nepp	1300	Louisa	MIDDLE		Mart	
	WAS DECEASED EVER	R IN U.S. ARME	ED FORCES?	165 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS	nart	-411
(,	YES, NO OR UNKNOWN) NO	(IF YES, GIVE W	AR OR DATES)	215-36-9	9890	Benjamin F.	Knepp, Tr	. See	#13 abo	We
_		7U C		line far rai, (b), and	due	1/	THE PARTY	, 200		MATE INTERVA
	gave rise to im cause (a), stati underlying caus	ng the	DUE TO OF	R AS A CONSEQUE					/1 /	
ICATION		INIFICANT CO	(c)	ONTRIBUTING TO L	DEATH BUT N	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	20b. IF YE	IVEN IN PART 116 ES, WERE FINDIN IFYING CAUSES	NGS USED
RTIFICATION	PART 2 OTHER SIG	NIFICANT CO	DADITIONS CC	ontributing to <u>e</u> tion for which	DEATH BUT N	WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN IFYING CAUSES YES []	NGS USED
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WEDICAL 230. E	PART 2 OTHER SIG 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUP WHILE AT WORK ATT 220. I certify that (I sow the decea obove, (I) (we) 22b. SIGNATURE 22d. PHYSICIAN'S N Dr. BURIAL, CREMATION	ATION ATION ADERLYING CAUSE OF DEATH CAL EXAMINER) RRAD WHILE COP ORK ORK I (I) (this hospitol Sed olive an cidid) (did not) A. E.	19b. CONDITIONS CO	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F atter death. MD	OPERATION AY YEAR 19 FARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 21that in (my) (our) apinion EGREE ATTENDING PHYSICIAN 222e. ADDRESS	200 AUTOPSY? YES NO Z RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC	20h IF YE IN CERT Y Y IN ITEM 18, who ote and ho	COUNTY COUNTY 226. DATE 286.	NGS USED OF DEATH! NO STATE that (I) (we causes state
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 20 miles to use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours often begin the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

	- S	STATE REGISTRAR			DEPART		ICATE OF I	MENTAL HYG DEATH	IENE	REG. NO.	79.	-09	64	5
1.	DECE.	ASED NAME PRINT) Lee	FIRST	Benjam	in	SHAFF	ist		20. DATE OF	DEATH		2 7		:25pm
3.	SEX	Male	MA	4. RACE Whi	te	S. DATE O	F BIRTH	ŏî	6 AGE (IN YEA		YRS.	IF UNDER 1 YE	_	NDER 24 HRS JRS MIN.
35	Oa.	HPLACE (STATE OF Kland, M	id.	U	SA	MARRIED		VORCED [rett (Count	У	05.04	MD.
45	Oal	kland, Mo		Garre	HOSPITAL, NURSIN HEACILITY GIVE STREET	y Memo			120 USUAL C (TYPE OF WORK Reti	FOR MOST OF V	VORKING LIFE	industi Far		SINESS OR
35	3a. STA	Md.	136 COUL	TOTHER INSTITUTION	GIVE RESIDENCE BEFORE 13. CITY OR TOW 0aklan	admission)	13d. INSIDE C	ио 🚰	Rt.	DDRESS BO	x 15	4		
110	Fr	er's NAME	-		Shaffer		Anr		Lau			baug	1 1	
/ 16		S DECEASED EVE NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 215-26-		Mrs.	Lee !	B. Sha	ADDRES:				3e
	NOIL	gove rise to incouse (o), sto underlying courant 2 OTHER SIGN DATE OF OPER	ting the se lost.	(c)CONDITIONS_CO	R AS A CONSEQUE	DEATH BUT			INAL DISEASE	PSY?	20b. IF YES	, WERE FIN	DINGS	
2	RTIFIC	10. ACCIDENT WAS U	MEDIVING F	7 21b. TIME O	SE INTITION		1214 HOW IN	IJURY OCCURR	-	NOT	YES	YING CAUS	N	0 []
- /	S S	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH D.	AY YEAR 19	21f LOCATIO		VED TENTERNAL	OKE OF INJUNI	[[V 11 EM 10, F7	ANT I ON PART		1435
		WHILE NOT AT Y	WHILE D	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	514		CITY OR TOWN	(COUNTY		STATE
		sow the dece	sed olive or	1/1 -	e deceased from_ 19_ offer death.	1		(our opinion	death occurred	d on the date	e and hou			
1		2b. SIGNATURE	H	hun	~~			ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIA		22c. DA	TE SIGN	3/10
11	2	Dr. The						land, M					• /	
	(SPE	RIAL, CREMATION CCIFY) Buri		236. DATE 4/16/			emetery or hn's I	uther	an Ri	ומשסז -	Oakl	and,	Gar	r • Md
2		rst Fun	eral	Home of	Misolak	land,	Md.	25a. D	PRI BER	1979 ^R 2	b. REGIST	84855197	WELL .	rody

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL

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IMPORTANT: If Item 21 is marked or Item 18 shaws any

Bradley A. Stewart

29

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09646

1. DECEASED NAME	FIRST		MIGGLE	i.	AST		120 DATE OF	DEATH MONTH	DAY	YEAR	26. HO	UR
(TYPE OR PRINT)	Edward	The	eodore	SWE	ITZER			1 5, 19			61	
3 SEX		4 RACE		5. DATE C	OF BIRTH		_	ARS LAST BIRTHDAY)		ERIYEAR	IF UNDE	R 24 HRS
Male		TiTle -		MONTH		YEAR	De T	0.4	MONTHS	QAYS	HOURS	MIN.
7a. BIRTHPLACE ISTATE O		Wh:	WHAT COUNTRY		st 14,	1894	O DALTIMOS		RS.	ATH		
COUNTRY)	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER	MARRIED -	9. BALTIMOR	RE CITY OR COU	INTT OF DE	AIII		
Maryland		USA		WIDOWE		DIVORCED [rett				MD.
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSI		OR OTHER IN	STITUTION		CCUPATION FOR MOST OF WORKI		KIND O	F BUSIN	ESS OR
Oakland			t Road Ma				Mine				Min	ing
USUAL RESIDENCE (IF N	URSING HOME OR		GIVE RESIDENCE BEFO		A 124 INICIDE	CITY LIMITS?	13e. STREET A	DDBECC				
Md.	-	rett	Mt. Lake			NO [D Stree	+			
14 FATHER'S NAME			11-11-1	0 1 0		R'S MAIDEN NA		D Derec				
John		MIDDLE	Sweit	7.030		FIRST	75	MIDDLE		LAS		
16g WAS DECEASED EV		kson	166 SOCIAL SEC		17 INFORM	lary	E	Ellen		BI	ttin	ger
(YES, NO OR UNKNOWN)		WAR OR DATES)					. idat					
No			213-01-	4059	Jerry	F. Swe	itzer,	See #13	above			
18 CAUSE OF DE	ATH (Enter an	ly one cause per	line fee (o), (b), a	nd (c)			1111111			APPROXI	MATE INTE	RVAL D DEATH
PART I. DEATH		E CAUSE (a)	Ter	unto	in (1	News			1	wir	uto	7
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DADY O CYLIED C	0.11510	(c)	- 1			FILLU	1,000			140	61	
PART 2. OTHER S	GNIFICANI	ONDITIONS CO	DUIKIRUTING TO	DEATH BUT	NOT RELATE	ED TO THE TERM	IN AL DISEASE	ORCONDITION	GIVEN	PARI 16	2	
19a DATE OF OPE	PATION	10h COND	TION FOR WHICH	HOPERATIO	NI WAY A C DEDE	OBMED	20a AUTO	DSV2 Inh I	F YES, WERE	EINIDIA	ACC LICE	
E MAIL OF CIT	NATION .	170. COND	TION TOR WITHCH	II OF ERATIO	IN WAS FERI	ORMED		INC	ERTIFYING		OF DEA	TH?
E					Taxa.			NO	YES		NO [
00.000.000.000.000.00	- Lan	1100100 1	M. MONTH [DAY YEAR	ZIC HOW	INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITEA	A 18, PART 1 OR	PART 2)		
(IF EITHER, NOTIFY ME		P.1	M.	19								
(IF EITHER, NOTIFY ME 21d. INJURY OCCI	JRRED	21e. PLACE	OF INJURY BEET, FACTORY, OFFICE,	EARM ETC)	211. LOCAT		11.00	CITY OR TOWN	COL	JNTY		TATE
	WHILE WORK	(ATTIONE, STA	eer, ractori, orrice,	, rann, cic.j	10/-							IAIE
220 I certify that	(I) (Hus haspi	tal) attended the	e deceased from	de	sel)	19 19	to	Keset	11 19		that (I) t	(we) lost
saw the dece	osed alive an	Not a	pplicable	an	nd that in (m	y) (our) opinian	death accurred	on the date and	hour and f			,
22b. SIGNATURE	Held) (did to	view the body	after deoth.	1	DEGREE				1 22	c DATE	SIGNED	
11000	12	All	1	h		ATTENDING _	MEDICAL_	STAFF		11		a .
17000	1.7	11005	12	101	V	PHYSICIAN [DIRECTOR [PHYSICIAN [T	4-4	2-1.	7
224 PHYSICIAN'S	NAME (TYPE OF	R PRINT)	111-	1	22e ADDRE	iss / m	9.	1-	11		- /	1
Utor	90 1	2- 25	0166	+45	100	X 61	tri	gods	01614	2	/n/	
23a. BURIAL, CREMATIO	N. REMOVAL	236. DATE	230	NAME OF C	EMETERY OF	CREMATORY	23d. LOCAT	ION	COUNTY	, /	cı	TATE
bur	ial	4/8/7	79	George	Cemet	ery	_		rrett.		-	
24. FUNERAL DIRECTOR								GISTRAR 256.		Sec. A	JRE .	,
Bradley A	Stown	rt Oak	ADDRESS		a 015	FO AP	K1119	19	7		7	

21550

Oakland, Maryland

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cor should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in by the fullered is should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fulled within 72 he with the State Dept. of Health and Mental Hygrene prior to buriol, cremation, or removal. [MPORTAIN: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once. TENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Bradley A. Stewart Oakland, Maryland 21550

79-096	4	7
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1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.19	- 0 3	0 1		
		CEASED NAME OR PRINT)	first 111am		THOMAS, S		AST	April 01		79 YE		2130	
	3 SE)	Male		4 RACE Whit	e	S. DATE C MONTH		6. AGE (IN YEARS LAST BIR	THDAY) YRS.	IF UNDER 1	-	IF UNCER	MIN
5	M	RTHPLACE (STATE OR FOR DUNTRY) [aryland]		US		WIDOWE		9 BALTIMORE CITY C Garrett	R COUNT	Y OF DEAT	н		MD.
5	0	akland		Garrett	County 1	Acoress)	ial Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Miner-Lumber	F WORKING L	IFE) INDUS			aber
5	13o. S	Md.	13P CON		13c. CITY OR TOW McHenry		136 INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS Route #2	, Box	21			
0	1	Samuel	Jac	ekson	Thomas		15 MOTHER'S MAIDEN NAM FIRST Tda	Della		We	elch	1	
		VAS DECEASED EVER II ves, no or unknown) NO		WAR OR DATES	213-18-2		Iris M. Thoma	ADDRI As, See #13			PROXIMA		14
	CERTIFICATION	Conditions, if ony, gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNI	ediate the last.	DUE TO OF	nean	NCE OF	NOTE (ATED TO THE TERM	INAL DISEASE OR CON	20b. IF YE	IVEN IN PAR	INDING	SS USEI	D TH?
7		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	AUSE OF DEA		M. MONTH DA	YEAR	21e. HOW INJURY OCCURR	YES NOR		PART I OR PAR	11.5)	NO []
	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHI AT WORK AT WORK	D LE	21e PLACE			211. LOCATION STREET	CITY OR TOV	٧N	COUNTY	7	ST	TATE
		220. certify that (I) (alive on	4:3	179 19_		ind that th (my) (our) opinion o	death occurred on the de	ote and ho	-	n the co	ouses sto	,
		226. PHYSICIAN'S NA	WE with a	GAMA PRINT)	m		ATTENDING PHYSICIAN X	MEDICAL STA DIRECTOR PHYSIC	FF IAN 🗍	7	2	79	1
				L. Gra			Third Street		Md.	21550)	*	
	(\$	BURIAL, CREMATION, R SPECIFY) buria		23b DATE 4/4/7			emetery or crematory an Cemetery	McHenry,				/lan	ate 1d
		INERAL DIRECTOR	-01427	t Oakl	ADDRESS	T.	250. DATE	APR 1 1 197	25b. REGIS	tiotog	NATHR	Bu	soly

14960-81 Militar tant, I the many men

		1-	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H IER'S CERTIFICATE O	7.0	09648
		1. DE	CEASED NAME FIRST		WIDDIE	LAST	20 DATE KNOWN TO MONTH	
	ASE OR. ES.		Bertha	K	atherine	Valentine	OF ESTI-	14, 79 1014
	DEATH, IF ANY DELAY IS NECESSARY, PLEASE GES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. IM. PM. 3. RETAIN PAGE 5 FOR YOUR FILES. AND 2 SHOULD BE FILED, WITHIN THE SOF VITAL RECORDS, 301 W, PRESTALLINE	N-	emale white	5. DATE OF BIRTH MONTH DAY 9 13	YEAR 6. AGE (IN YE LAST BIRTHD	AY) MONTHS DAYS HOURS	MIN. PRONOUNCED 4	14 79 11 PUR
	NECESS FUNERA S FOR WITH	FC	RETHPLACE (STATE OR NEW YORK	76. CITIZEN OF WI	A	8. MARRIED NEVER MARR WIDOWED DIVORC	GARRETT	MD
	TO THE PAGE BE FILED SS, 301 V		Dakland	Garrett	SO, CIMEN POUR PO	-	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE	126. KIND OF BUSINESS OR INDUSTRY Home
11201	AND 3 PHOULD RECORD	13a. S	ALRESIDENCE (IF IN NURSING HOME OF TATE 13b. COUNT aryland Gar:		13c. CITY OR TOWN Mt.Lake	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 103 G street	
AD.	TH. 17. 2, 1, 2, 3, 2, 2, 5, 2, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14 F.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE	LAST
RE, A	PAGES 1 ORM PM N OF VII		John	Jacob	Lydman	Hansi		Nelson
ALTIMO	URS AFTER 3. GIVE PAINTH FOR VITH FOR DIVISION	160.	NAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (1F YES, GIVE V	VAR OR DATES)		938T Betty Hal	ADDRESS	
N ST., B	4 HOUR EM 18. O DNG W ERMIT. P		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI	E CAUSE (o)			ed	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
301 W. PRESTON ST	D WITHIN 2 ENCIL IN IT AMINER PIC TRANSIT PI ENTAL HYGI		Conditions, if any, which gave rise to immediate	DUE TO, OR WIT	as a consequence th Cardiac	OF Decompensation		Weeks
301 W.	EX. EX.		couse (o) stating the <u>under</u> lying cause last.	(c)	AS A CONSEQUENCE			
DIVISION OF VITAL RECORDS,	E EXE	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C Fractured	Leit hume	out not related to the term	AINAL DISEASE OR CONDITION GIVEN IN PA ured left radiu	RT1(a). IS and ulna.	
IL RE	SED A	CAT	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	RATION WAS PERFORMED?		2B. AUTOPSY?
VII	WORD THE CHILD BE US KENT OF BURIAL	RTIF	210 EXTERNAL CAUSE WAS	11h TIME OF	The Harry	Hay way way a same		YES NO
ION OF	PER STANDOUT OF THE STANDOUT O	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF D	1 344		Fell at home	ED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR P	ART 2)
DIVIS	E. THIS CERTING TE, WRITING SRWARDED TO PAGE 3 SH STATE DEPA	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE C STREET, FACT	OF INJURY (AT HOME, FORY, FARM, ETC.)	103 G. Stre	eet, Mt. Lake Park	Garrett Md.
	TOR: THE THE		220. I certify that I took charge	of the remains des		Autopsy , Inspectio	n X, Inquiry X, and in my o	
	AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		SIGNATURY CELL	W le	and.	DEPUTY	MEDICAL EXAMINER SIGN	
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD 8 TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYLA		EXAMINER'S NAME James				S. 2nd. St., Oakland	d, Md.
		23o.B	URIAL, CREMATION, REMOVAL 23 Burial	6. DATE 4/18/79	Winches	METERY OR CREMATORY	234 LOCATION Convertown Cemetery Wincheste	virginia
	BP	24. F	INFRAI DIRECTOR			1250 DATE	REC'D. BY REGISTRAR 25b. REGUE ALS	
	(VR A15 ME (5)) 15M7/77	13	NAME Tyson Wheel 31 Rockville P	er rumpes ike Roc	kville, Ma	IIC.	PR 1 8 1979	ymounty

inding physician and campletely filled in by the carbanpapers. Pages 1 and 2 shauld be filed ===

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached far use as the burnal-transit permit. Then please remave carban papers. P should be detached for use as the burial-transit permit. Then please remove carbanpopers, with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the 2

TENDING PHYSICIAN: The low attending physicia

TO HOSPITAL

BP.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-09649

1979

1.	REGISTRAR				CERTIF	ICATE OF DE	ATH	PE	G. NO.	000	
	CEASED NAME	FIRST		MIDDLE		AST		2a. DATE OF DEA	HINOM HT	CIAY YEAR	2b. HOUR
(TYPE	E OR PRINT) Wal 1	er	V	/illiam	W.	ACHTER	SR	SZ-	04=0	03-79	0328A7
3. SE	x	4	RACE		5 DATE C			6. AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male		White		Jan.		2	67	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MA		9. BALTIMORE C			
	ennsylvania	1	τ	JSA	WIDOWE		ORCED	Garr	ett		MI
10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTIT	TUTION	12a. USUAL OCCI			F BUSINESS OF
7	Oakland	(Co. Mem		Hospita	1	Mercha			al Store
	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BEFOR		1 13d. INSIDE CIT	Y LIMITS?	13e. STREET ADDI	RESS		
)	Md.	Garre	ett	McHen	ry	6.5	NO 🗆	P.O. B	ox 129		
1	ATHER'S NAME	AAI	DDIE	LAST		15. MOTHER'S	MAIDEN NA		oare	LAS	ST.
	William		thony	Wacht	er	Mar	garet		rie	McGra	
16a \	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMAN	IT	-	ADDRESS		
,	No No	(IF TES, GIVE V	VAR OR DATES)	171-07-	7423	Alma M	. Wach	ter, See	#13 ab	ove	
	18 CAUSE OF DEAT	H (Enter only	ane couse per	line far (a), (b), or	nd (c).)	1		/ 1		BETWEEN	MATE INTERVAL
	PART I. DEATH W	AS CAUSED	BY:	Mar	ci de	COMPV	30,60	well Her	mont	e -	776
1	11	IMMEDIATE	CAUSE (o)	10.77	,,,,	Covor	10000			-	· LUIV
	421_		DUE TO. O	R AS A CONSEQU	ENCE OF .	1.0		11 11			11116
	Conditions, if any	which	((b)		+	+1311	4	MISHI		7 1 1 1 1	-(1)
	gove rise to imr	nediate	10)_	2-N 17 T 18 C	-	1					
	couse (o), statin		DUE TO, O	R AS A CONSEOU	ENCE OF						
	onderlying coose	1031.	(c)								
	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	TO THE TERM	INAL DISEASE OR	CONDITION	EIVEN IN PART 1	01
CERTIFICATION	IA DAYS OF OPERA	TION	Tint COND	ITION FOR WHICH	OBERATIO	AND MAKE DERECOR	1150	20g AUTOPSY	2 Jah IE V	ES, WERE FINDIN	NCS LISED
NO.	19a DATE OF OPERA	TION	196 COND	IIION FOR WHICH	OPERATIO	IN WAS PERFOR	WED		IN CERT	TIFYING CAUSES	OF DEATH?
Ē	1.54.70							YES NO	75-	YES 🗌	NO 🗆
8	210. ACCIDENT WAS UNI		216 TIME C	OF INJURY .M. MONTH D	AV YEAR	21c HOW INJ	URY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITEM 18	B, PART 1 OR PART 2]	
1 ×	OR CONTRIBUTING			M.	19						
EDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION	N				
×	WHILE NOT W	HILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	,	CITY	ORTOWN	COUNTY	STATE
			t 1 1 at		14	Evel 3	1.	A	provide 3	10 19	at a state of the
100	22a. I certify that (I)		// \	-	76		119-	death accurred an	the date and h	/ /	that (1) (we las
	saw the decease obove, (1) (w) (did) (did ot)	view the bady	ofter death.	1	na that in (my) (our apmian	death accorred an	the date and n	aur and trant the	couses stoled
	226. SIGNATURE	14				DEGREE				22c. DATE	SIGNED 4
		-11	Mru	ma	U		TENDING	MEDICAL DIRECTOR P	STAFF HYSICIAN	14	131)1
1	22d. PHYSICIAN'S N.	AME TYPE OR	RINT)			22e ADDRESS		· U	1	1	11
	+	-4	Jahr	noun		30	in	Harth	St	026/2	val us
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CE	REMATORY	23d. LOCATION	7	COUNTY	STATE
1	(SPECIFY) buri	al	4/5/	79 T	hayer	ville Ce	metery		-		Maryland
24 F	UNERAL DIRECTOR						25a DAT	E REC'D. BY REGIS	TRAR 256. REGI		
	NAME			ADDRESS				000 4 4 46	170	Carried Contract Cont	A Company

21550

Oakland, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

Bradley A. Stewart

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9	TO HOSPITAL OR ATTENDING PHYSICIAL	ed by the hospital or off
	ITAL	oy th
	TO HOSP	paul
	0	retaine

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral ashould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filled within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayol.

IMPORTANIT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09650

REGISTRAR		CEI	RTIFICATE OF	DEATH	REG. N	NO.		
I. DECEASED NAME FIRST	MIDD	DLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Glenn	Living	gston	WATTS			04-20	0-79	0905 PM
3. SEX	4 RACE		ATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Male	White	TH-3 1	06-04-		66	YRS.		HOURS HIM.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Va.	76. CITIZEN OF WHU	MA	RRIED NEVER	R MARRIED	9. BALTIMORE CITY Garret		Y OF DEATH	MD.
10. CITY OR TOWN OF DEATH Oakland		SPITAL, NURSING HO			120. USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COL		E RESIDENCE BEFORE ADMIS	13d INSIDE	CITY LIMITS?	13. SIREET ADDRESS Shadysi	de Dr		
James		Vatts		r's maiden n <i>ai</i> First Lucy	A MIDDLE		tzmil'i	er
160 WAS DECEASED EVER IN U.S. A	NE WAR OR DATES	social security in 236 14 49			Burdock		zmiller	, Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	(b) DUE TO. O	ONSEQUENCE	lucn	ary ED TO THE TERM	LINAL DISEASE OR COL	NDITION GI	Gea ya	22
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITIC	ON FOR WHICH OPER	ATION WAS PERF	ORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES IES []	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURED	DEATH HOUR A.M.	MONTH DAY Y			RED (ENTER NATURE OF INJ	URY IN ITEM 18.	PART I OR PART 2]	
WHILE ONOT WHILE ON AT WORK		FACTORY, OFFICE, FARM, ET	C.] STREE	T .	CITY OR TO	NWC	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive obove. (1) (we) (did) (did)	on 20am	1979		y) (aur) opinion (deoth occurred on the		ur ond from the	
22b. SIGNATURE	Many	u m	DEGREE		DIRECTOR PHYS		ZI a	M79
An dew E.	MAUCE,	Mb	22e ADDRI	Oaki	land, Md.	Street 2155	50	
230. BURIAL, CREMATION, REMOVA (SPECIFY) RITTER REMOVA			of CEMETERY OF hken Hi	ill Cem			and the second	STATE
24 FUNERAL DIRECTOR David A. B	urdock	ADDRESS Kitzmille	er, Md.	25a. D	DACIT BY BEINE	R 25h. R#G15	TRARSSIGNAT	URE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

within 24 hours after

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		5	n	
	-			

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	a	_	n	9	6	5	1
-	J		U	V	-	-	

	REGISTRAR		CERTIFICA	ATE OF DEATH	REG. N	0.		
1.	DECEASED NAME TYPEOR PRINT! Robert Ge	orge WEINEL	A	SVIN T	20. DATE OF DEATH	MONTH OAY	YEAR	2b. HOUR
-	SEX Male	4. RACE White	5. DATE OF B	IRTH OLEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER
75	a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	? 8 MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
10F	Oakland	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Garrett Co.	ING HOME OR C I ADDRESS) Memori	THER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Ret. USA		126. KIND C INDUSTRY M1.1	ibar
35		GOTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE TOTAL CONTROL OF THE CONTROL OF	dent 13d	INSIDE CITY LIMITS?	130. STREET APORESS	Box #5	56A	
110		iwig Weine	1	Mother's maiden name Minnie	M		ston in	51
1	60. WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GIV			Niolet McC	arter Wei		ame	as 1
ws any injury, or our	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO STATULE CONTRIBUTION FOR WHICH	DEATH BUT NO	of DPG	20a AUTOPSY?	206. IF YES, V	WERE FIND IN	NGS USED OF DEAT
- /	OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	e. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	YES RY IN ITEM 18, PART		NO [
	THE CONTROL OF THE CO	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.		F LOCATION STREET	CITY OR TO	WN	COUNTY	STA
	saw the deceased olive on above, (1) (we) (did) (did no	atol) attended the deceased from 19 19 11) view the body after death.	ond th	not in (my) (our) opinion	death occurred on the d	ote and hour a	nd from the	
	226. SIGNATURE	Prastrus	DEG		MEDICAL STA	FF CIAN 🗌	4-1	21-7
7	B.L. Gran	t M.D.		Third St.	. Oaklan	i, Mar	yland	1
2	BURIAL, CREMATION, REMOVAL (SPECIFY) Buri	23b. DATE 23c.	NAME OF CEME Rivervi		Kiski,			Pasta
	Durat Fune	Home Oakl	and. Ma	aryland	RECT BY TRAR	2.6. RECISTR	R'S SIGNAT	URE

DHMH-16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low e hospital or offending physicion.

retained by the hospital or

BP.

TO HOSPITAL

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Mary and and	Ŕ	av	
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notice	elect)	le / Milnel	Alute stock
repair, family water	Winder Falls	and T	